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| SEAL31.TIF | **OCCUPANCY PERMIT**  State Form 41769 (R11 / 4-19) | **STATE OF INDIANA**  **INDIANA DEPARTMENT OF TRANSPORTATION** |
|  |

District addresses can be found at: <https://entapps.indot.in.gov/dotmaps/districtmaps/>

For permits and payment of permits, please visit the Electronic Permit System (EPS) website: <https://eps.indot.in.gov>

Payment is due upon receipt of this application or it will not be processed.

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| Type of permit:  Occupancy (Below Ground)  Occupancy (Above Ground)  Railroad  Miscellaneous  Broadband Access | | | | |  | Application number |
| District | | Subdistrict | | Telephone number  (     ) |  |
| Project location | | | | Reference point number |  |
|  |  |
| Project description | | | | |  |  |
|  | Road number |
|  |
|  |
|  |  |
|  | County number |
| Project purpose | | | | |  |
|  |
|  |  |
|  | Expiration date *(month, day, year)* |
| Bond required?  Yes  No | If Yes, penal sum  $ | | | Bond number |  |
| Permit fee: *(Make check or bank draft payable to “Indiana Department of Transportation.”)*  Fee amounts per IC 8-23-2-6(13); fee schedule address: <http://www.in.gov/indot/2727.htm> | | | | $ |  |
| Special provisions: | | | | |  |
| THE APPLICANT AGREES TO INDEMNIFY, DEFEND, EXCULPATE, AND HOLD HARMLESS THE STATE OF INDIANA, ITS OFFICIALS AND EMPLOYEES FROM ANY LIABILITY DUE TO LOSS, DAMAGE, INJURIES, OR OTHER CASUALTIES OF WHATSOEVER KIND, OR BY WHOMSOEVER CAUSED, TO THE PERSON OR PROPERTY OF ANYONE ON OR OFF THE RIGHT-OF-WAY ARISING OUT OF, OR RESULTING FROM THE ISSUANCE OF THIS PERMIT OR THE WORK CONNECTED THEREWITH, OR FROM THE INSTALLATION, EXISTENCE, USE, MAINTENANCE, CONDITIONS, REPAIRS, ALTERATION, OR REMOVAL OF ANY EQUIPMENT OR MATERIAL, WHETHER DUE IN WHOLE OR IN PART TO THE NEGLIGENT ACTS OR OMISSIONS (1) OF THE STATE, ITS OFFICIALS, AGENTS, OR EMPLOYEES; OR (2) OF THE APPLICANT, HIS AGENTS, OR EMPLOYEES, OR OTHER PERSONS ENGAGED IN THE PERFORMANCE OF THE WORK, OR (3) THE JOINT NEGLIGENCE OF ANY OF THEM; INCLUDING ANY CLAIMS ARISING OUT OF THE WORKMEN'S COMPENSATION ACT OR ANY OTHER LAW, ORDINANCE, ORDER, OR DECREE. THE APPLICANT ALSO AGREES TO PAY ALL REASONALBE EXPENSES AND ATTORNEY'S FEES INCURRED BY OR IMPOSED ON THE STATE IN CONNECTION HEREWITH IN THE EVENT THAT THE APPLICANT SHALL DEFAULT UNDER THE PROVISIONS OF THIS PARAGRAPH. | | | | |  |
|  |  |
|  | Issue date *(month, day, year)* |
|  |
| Signature of permit applicant | | | Printed name of permit applicant | |  |
| Name of company organization | | | | Telephone number  (     ) |  |
| Address *(number and street, city, state, and ZIP code)* | | | | |  |  |
| Inspector | | | E-mail address | |  | Permit number |
| District Regulatory Supervisor | | | | |  |
| District Director | | | | |  |